

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
RESIDENTIAL CONTRACTOR DIVISION
P. O. Box 13446
Macon, GA 31208
Phone: 478-207-2440
Fax: 478-207-1454
www.sos.state.ga.us/plb/contractors

**RESIDENTIAL-LIGHT COMMERCIAL
APPLICATION FOR LICENSE OBTAINED FROM A PRIOR APPROVAL STATUS**
GENERAL INFORMATION

THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE POST OFFICE BOX SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION. **The application must be completed in ink**

TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED.

This is an application to allow the applicant to take a prior approved status and use it to attempt to have another approval issued for a different company (see O.C.G.A. § 43-41-9).

You must submit for the same type of licensure (basic, light-commercial, or general contractor) for which you were originally approved.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: www.sos.state.ga.us/plb/contractors. You are responsible for knowing the laws and rules for your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be maintained by our office and not returned to you.

FOR BOARD USE ONLY

Amount Submitted \$ _____

Date/Initials _____

Receipt # _____



FOR BOARD USE ONLY

License # _____

Date Issued _____

Applicant # _____

State Licensing Board for Residential and General Contractors

P O Box 13446

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Application For Licensure as a Residential-Light Commercial Contractor

Obtained from Prior Approval Status

\$200.00 Non-refundable application fee

Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. §16-9-20

**** This application MUST BE completed in blue ink****

Part 1- APPLICANT INFORMATION:

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license are public information.

3. Telephone #: () _____ Other #: () _____ Email: _____

4. Social Security Number*: _____ - _____ - _____ 5. Date of Birth _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

5. _____ I am a U.S. citizen

_____ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

6. Please check the license type for which you were approved.

_____ **Residential-Light Qualifying Agent** _____ **Residential-Light Individual**

Date of approval _____ If license has been issued, license number _____

If you were approved as a qualifying agent, what company did you qualify?

7. Please check the license type for which you are applying.

Residential-Light Qualifying Agent

If you are applying as a Qualifying Agent, please complete the information below.

Residential-Light Individual

If you are applying as an Individual, please skip to Financial Responsibility.

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

Part 2 – QUALIFYING AGENT INFORMATION: (only complete if applying on behalf of a Georgia business organization)

Please be sure the Qualifying Agent Affidavit section is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.

8. Name and type of Business Organization*: _____

☐ Partnership/LLP ☐ LLC ☐ Corporation (please list state of incorporation): _____
☐ Joint Venture ☐ Other _____

* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed residential-basic or residential-light commercial contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

9. Business Address: _____
(Street) (Apt #) (City/State/Zip Code)

10. Federal ID#: _____

11. Business Telephone #: () _____ **12. Fax #:** () _____

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Company Name)

the ☐ Owner ☐ Officer ☐ Partner of said business and possess binding authority for the business

organization and do hereby appoint _____ to act as
(Name)

qualifying agent on the company's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license. **I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all business matters, including contracts and contract performance and financial affairs of the business organization or entity.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

(Owner/Officer/Partner Signature)

(Title)

Subscribed before me this _____ day of _____, 20 _____.

(Notary Public)

My Commission Expires: _____
(Seal)

Company Affiliation (If prior approval was as a Qualifying Agent)

1. Which of the following applies to you?

- ☐ I am no longer with the company, _____, for which I initially applied.
Name of original company

Date of disaffiliation, if applicable: _____

- ☐ I am remaining with the company, _____, for which I was initially approved as a QA. Name of original company

2. What is/was your title and/or position with the initial company you qualified?

3. I am currently affiliated with this company for which I am applying by ☐ employment or ☐ ownership. (please check one)

4. What is your title and/or position with this company you are trying to qualify?

Part 3: Financial Responsibility (To be answered by the applicant – *if applying as an individual in his or her own behalf, answer for the individual – if applying as a qualifying agent for a business organization, answer for the business organization*)

1. Do your total assets (what is owned) exceed total liabilities (what is owed)?

☐ Yes ☐ No

2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?

☐ Yes ☐ No

3. Have you paid all judgments, taxes, student loans or child support payments as required by law?

☐ Yes ☐ No

4. Have you as an individual or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?

☐ Yes ☐ No

If you answered “No” to question 1, 2, or 3 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “No” answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered “Yes” to question 4, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

5. Do you have a commercial checking account? ☐ Yes ☐ No

Name of banking institution: _____

Please complete the top section of the bank reference form (Form A) attached, have your bank complete the bottom section, and submit it along with this application. If you lack an account that has been in existence for at least 24 months, you must provide a line of credit in the amount of \$25,000 (have the issuing financial institution follow the format shown in Form C) or proof of a \$25,000 bond.

6. Do you currently carry workers compensation insurance as required by state law?
☐ Yes (Attach certificate from insurer) ☐ No ☐ N/A (Less than 3 employees)
7. Do you currently carry general liability insurance in a minimum amount of \$500,000?
☐ Yes (Attach certificate from insurer) ☐ No

Part 4-General Information:

1. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes* ☐ No

***If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.**

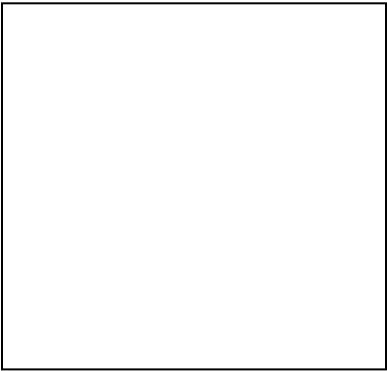
2. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes* ☐ No

***If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

3. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State?
☐ Yes* ☐ No

***If you answered "Yes" to this question, please attach an explanation.**

Part 5: Photo: (Attach a passport-type, color photograph of yourself here, showing head and shoulders only, taken within the last 90 days. The photo should fit within this box. Driver's licenses, identification cards, cropped photos, computer-generated photos, etc., WILL NOT be acceptable. It must be a passport-type photo):



I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Print Name _____

State of _____ **County of** _____

Subscribed and sworn to before me this _____ **day of** _____, **20**_____

Signature of Notary Public

_____ **My commission expires** _____

(Seal)



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AND GENERAL CONTRACTORS
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BANK CREDIT REFERENCE

TO BE COMPLETED BY APPLICANT:

To: _____
Name of Bank _____ Contact Person _____
Street Address _____ Phone _____
City, State, Zip Code _____ Fax _____

Re: _____
Customer Name (if this is an individual application, the customer and account information below must be in the individual's name. If this is a qualifying agent application, the customer and account must be in the name of the business organization)

Address of Customer _____
Account No(s) _____

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

Signature

TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT

Has the above referenced customer handled their checking account in a satisfactory manner?
☐ Yes ☐ No, Explain _____

Date Account Opened: _____

Number of overdrafts in last 12 months: _____

Does this customer have any loans? ☐ Yes * ☐ No
If "Yes", how many payments over 30 days _____, 60 days _____, 90 days _____.
Date of last delinquent payment: _____

Date: _____

Signature and Title



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APPLICANT - PLEASE COMPLETE, SIGN AND SUBMIT THIS FORM WITH YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a _____ contractor. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed

Signature

Residence Street Address

Aliases or Maiden Name

City, State, Zip

Sex

Race

Social Security Number

Date of Birth

Date of this Authorization

I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE FOR CONTRACTING.



State Licensing Board for Residential and General Contractors

State of Georgia

Professional Licensing Boards

237 Coliseum Drive

Macon, Georgia 31217-3858

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Web-Site: www.sos.state.ga.us/plb/contractors

LINE OF CREDIT FOR RESIDENTIAL-LIGHT COMMERCIAL CONTRACTOR

TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)

Address

City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, Residential Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, General Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

SAMPLE LETTER – FOR BANK USE ONLY

Instructions

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC
02/25/08

Form C